

Monica J. Lindeen

Office of the Montana State Auditor Commissioner of Securities & Insurance 840 Helena Ave. • Helena, MT 59601 Phone: 406.444.2040 or 800.332.6148

Fax: 406.444.3497 • Web: www.csimt.gov

UNDER AGE 65 AND ON MEDICARE 2015-16 MEDICARE SUPPLEMENT RATE COMPARISONS

The following tables list insurance companies and their **annual premium rates** for Medicare Supplement insurance for beneficiaries under age 65 and *on Medicare for disability reasons*.

For Plan A-N details, please refer to the chart on the back page.

Please note: In most instances, rates listed below are for non-smokers however not all companies have non-smoker rates. (Smoker/non-preferred rates are higher.)

Contact the insurance company directly for specific details on their rates.

AARP/United Healthcare Insurance Company				800-523-5	800	
PLAN A	Plan B	PLAN C	PLAN F	PLAN K	Plan L	Plan N
\$2604	\$3489	\$4173	\$4194	\$1431	\$2418	\$3015

Aetna Health and Life Insurance Company		any	800-264-40	00		
	PLAN A	PLAN B	PLAN F	Plan <i>High F</i>	PLAN G	PLAN N
	\$3668	\$4201	\$4915	\$1966	\$4534	\$3570

American Republic Insurance Company		88		
Plan A	PLAN F	Plan <i>High F</i>	PLAN K	Plan L
\$3991	\$4635	\$1854	\$2318	\$3476

Company offers a household discount – ask your agent.

American Retirement Life Insurance Company		866-459-42	72
Plan A	PLAN F	PLAN G	PLAN N
\$4835	\$5990	\$5313	\$4218

Assured Life Association				877-223-3	666	
PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	Plan N
\$3400	\$3963	\$4904	\$3855	\$5021	\$3797	\$3015

^{*} High-deductible Plan F provides the same benefits as Plan F but with a high out-of-pocket amount payable before any benefits are paid by the Plan F.

Blue Cross and Blue Shield of Montana				800-44	7-7828	
	PLAN A	PLAN C	PLAN F	Plan High F	PLAN M	PLAN N
	\$2786	\$3857	\$3874	\$1781	\$3280	\$2827

Central States Indemnity Company of Omaha			866	-644-3988	
PLAN A	A PLAN B	PLAN C	PLAN F	PLAN G	Plan N
\$3113	\$3635	\$4356	\$4524	\$3891	\$3139

Colonial Penn Life Insurance Company				У	8	300-800-22	254		
	PLAN A	PLAN B	PLAN F	Plan <i>High F</i>	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
	\$3554	\$3942	\$5561	\$1052	\$4447	\$1818	\$3200	\$4075	\$3615

Combined Insurance Company	800-544-5531			
Plan A	PLAN F	PLAN G	Plan N	
\$4517	\$5421	\$4332	\$4632	

Equitable Life and Casualty	877-3	358-4060	
PLAN A	PLAN F	Plan N	
\$3965	\$5681	\$3779	

Everence Association	800-348-7468	800-348-7468		
PLAN A	PLAN F	Plan G	PLAN N	
\$4648	\$5682	\$5117	\$4348	

Gerber Life Insurance Company	877-	778-0839	
Plan A	PLAN F	Plan G	
\$4422	\$6440	\$5053	

Globe Life and A	Globe Life and Accident Insurance Company			0-801-6831	
PLAN	I A PLAN B	PLAN C	PLAN F	Plan High F	
\$27	93 \$5456	\$5110	\$3926	\$2728	



Humana Market Point				406-	238-7130			
PL	AN A	PLAN B	PLAN C	Plan <i>High F</i>	PLAN F	PLAN K	PLAN L	PLAN N
\$3	3468	\$3768	\$4428	\$1500	\$4512	\$2040	\$2892	\$2808

Humana Insurance Company				888	8-310-848	2		
	PLAN A	PLAN B	PLAN C	PLAN F	Plan <i>High</i> F	PLAN K	PLAN L	PLAN N
	\$3441	\$3745	\$4399	\$4489	\$1478	\$2018	\$2868	\$2789

KSKJ Life, American Slovenian Catholic Union			Union		800-32	1-0102		
Pı	LAN A PL	LAN B P	LAN C	PLAN D	PLAN F	PLAN G	PLAN M	PLAN N
\$3	3481 \$4	4234 \$	4809	\$4084	\$5012	\$4103	\$3673	\$2847

Liberty National Life Insurance	iberty National Life Insurance Company			
Plan A	PLAN B	PLAN F	Plan <i>High F</i>	PLAN N
\$4761	\$7032	\$6426	\$3005	\$6215

Manhattan Life Insurance Co				
PLAN A	Plan A Plan C		PLAN G	Plan N
\$4229	\$5673	\$5647	\$5142	\$4271

Medico Insurance Company	800	-228-6080
PLAN A	Plan F	Plan N
\$4164	\$5705	\$4230

New West Insurance Com		888-873	-8049		
Plan A	PLAN C	Plan D	PLAN F	Plan <i>High F</i>	PLAN N
\$3372	\$4692	\$3972	\$4704	\$2148	\$3696

Old Surety Life Insurance Company	800-272-5466
PLAN A	Plan F
\$1495	\$2942



Order of United Commercial Travelers of America			80	0-848-0123			
	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	Plan N
	\$4206	\$5445	\$5975	\$5304	\$6377	\$5129	\$4464

Oxford Life Insurance Company	602-2	63-6666
Plan A	PLAN F	Plan N
\$5239	\$4212	\$1859

Reserve National Insurance Company				800-874-143	1	
Р	Plan A Plan C		PLAN F	Plan <i>High F</i>	PLAN G	PLAN N
\$	3460	\$6528	\$6588	\$2472	\$5916	\$4872

Sentinel Security Life Insurar	ice Company		800-247-1423	
PLAN A	PLAN B	PLAN C	PLAN D	PLAN F
\$3288	\$3612	\$4452	\$3600	\$4812

Standard Lif	Standard Life and Accident Insurance Company					350-1488		
	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN N	
	\$6429	\$7320	\$8322	\$5015	\$6844	\$5053	\$3301	

State Farm Mutual Automobile Insuran	Contact a local State Farm agent	
PLAN A	PLAN C	PLAN F
\$3902	\$4538	\$4584

State Mutual	State Mutual Insurance Company					888-764	1-1936		
	PLAN A PLAN B PLAN C PLAN D				PLAN F	HIGH F	PLAN G	PLAN M	PLAN N
	\$3696	\$4309	\$5164	\$4518	\$5361	\$2008	\$4537	\$4067	\$3751

Sterling Life Insurance Company					800-688-0010		
PLA	AN A P	LAN B	PLAN C	PLAN F	PLAN G	PLAN K	PLAN N
\$44	418 \$	4498	\$5071	\$4478	\$3359	\$1728	\$3149



Thrivent Finan	ncial for	Lutherar	ıs			800-847-4836			
P	LAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN <i>HIGH F</i>	PLAN G	PLAN L	PLAN M
\$	2582	\$3052	\$4290	\$3738	\$4306	\$1298	\$3758	\$2440	\$3088

United Americ	United American Insurance Company					800-331-2	512		
	PLAN A PLAN B PLAN C			PLAN D	PLAN F	PLAN G	PLAN K	PLAN L	PLAN N
	\$3758	\$6844	\$7365	\$7149	\$5150	\$7029	\$3692	\$5155	\$5930

United Healthc	ed Healthcare Insurance Company						
	PLAN A	PLAN B	PLAN C	PLAN F	PLAN K	PLAN L	PLAN N
	\$2604	\$3489	\$4173	\$4194	\$1431	\$2418	\$3015

United of Omaha Life Insurance Company	800-	667-2937
PLAN A	PLAN F	Plan G
\$3348	\$4853	\$3937

USAA Life Insurance Company	800-53	1-8722
Plan A	PLAN F	Plan N
\$2024	\$2305	\$1703



Medicare Supplement Benefit Plans At-a-Glance

Basic Benefits	Α	В	С	D	F*	G	K	L	M	N
Part A: Hospital coinsurance (Days 61 - 90)	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х
Part A: Hospice care coinsurance	Х	Х	Х	Х	Х	Х	50%	75%	Х	Х
Medicare preventive care Part B coinsurance	х	х	х	Х	х	х	Х	Х	х	х
Parts A and B: Blood	х	х	х	х	х	х	50%	75%	х	х
Part B: Coinsurance	х	х	х	Х	Х	х	50%	75%	х	X**
Additional Benefits	Α	В	С	D	F*	G	К	L	М	N
Skilled nursing facility care			Х	Х	Х	Х	50%	75%	Х	Х
Part A deductible		Х	Х	Х	Х	Х	50%	75%	50%	Х
Part B deductible			Х		Х					
Part B excess charges					Х	Х				
Foreign travel emergency			80%	80%	80%	80%			80%	80%
Out-of-pocket yearly limit							\$4,940	\$2,470		

Core benefits pay the patient's share of Medicare's approved amount for physician services 20% after a \$147 annual deductible in 2015, the patient's cost of a long hospital stay (\$315/day for days 61-90, \$630/day for days 91-150, all approved costs not paid by Medicare after day 150 to a total of 365 days lifetime) and charges for the first three pints of blood not covered by Medicare.

*In addition, Plan F offers a *high-deductible* plan. You pay for Medicare covered costs up to the deductible amount (\$2,180 in 2015) before your Medicare Supplement plan pays anything. Out-of-pocket expenses include the Medicare deductibles for Part A and B that would ordinarily be paid by the policy, but do not include the foreign emergency travel deductible.

**Plan N pays 100% of the Part B coinsurance except up to \$20 co-pays for office visits and up to \$50 co-pays for emergency room visits (if the hospital admits you, the plan waives your emergency room co-pays).

[Please note: Plans H, I and J are no longer sold to new policyholders. Current policyholders may choose to remain in their existing plan H, I or J, or they may retain the plan without the drug benefit and enroll in Part D, or they may choose to change to a different Medicare supplement plan or enroll in a Medicare Advantage Plan.]

